

1271247



03038872

**SEC 1972** *Federal persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.*

卷之三

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

**OMB APPROVAL**  
**OMB Number: 3235-0076**  
**Expires: May 31, 2005**  
**Estimated average**  
**burden hours per**  
**response...1**

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

卷之三

**NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION**

卷之三

ONE CORP.

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

ONG CORP : 606

Type of Filing:  New Filing  Amendment

1955-82-2

Form 5012

---

**A. BASIC IDENTIFICATION DATA**

---

**1. Enter the information requested about the Issuer**

**ONG CORP.**

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

**481 HACKENSACK AVE., HACKENSACK, NJ 07601**

**Address of Executive Offices (Number and Street, City, State, Zip Code)**

**(201) 655-5049**

**Telephone Number (Including Area Code)**

**481 HACKENSACK AVE., HACKENSACK, NJ 07601**

**Address of Principal Business Operations (Number and Street, City, State, Zip Code)**

**(201) 655-5049**

**Telephone Number (Including Area Code)**

**(If different from Executive Offices)**

**TECHNOLOGY DESIGN AND MANUFACTURE OF SET TOP BOXES AND ANALOG TO  
DIGITAL CONVERSION PROCESS**

**Brief Description of Business**

**Type of Business Organization**

corporation

limited partnership, already formed

other (please specify):

business trust

limited partnership, to be formed

---

Month      Year

Actual or Estimated Date of Incorporation or Organization: [1]1 [9]8 [X] Actual [ ] Estimated  
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  
CN for Canada; FN for other foreign jurisdiction) [N]IV

---

**GENERAL INSTRUCTIONS**

**Exemptions:**

R. 84517/025 - 10-20-1985

**Who Must File:** All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

**When to File:** A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

**Where to File:** U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

**Copies Required:** Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

**Filing Fee:** There is no federal filing fee.

**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

---

**A. BASIC IDENTIFICATION DATA**

---

Form No. 1020, 1980, SEC. 1731.1020-1

**2. Enter the information requested for the following:**

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that  Promoter  Beneficial  Executive  Director  General and/or  
Apply:  Owner Officer Managing  
Partner

**ONG, LANCE D****Full Name (Last name first, if individual)****481 MACKENSACK AVE, MACKENSACK, NJ 07601****Business or Residence Address (Number and Street, City, State, Zip Code)**

Check Box(es) that  Promoter  Beneficial  Executive  Director  General and/or  
Apply:  Owner Officer Managing  
Partner

**Full Name (Last name first, if individual)****Business or Residence Address (Number and Street, City, State, Zip Code)**

Check Box(es) that  Promoter  Beneficial  Executive  Director  General and/or  
Apply:  Owner Officer Managing  
Partner

**Full Name (Last name first, if individual)****Business or Residence Address (Number and Street, City, State, Zip Code)**

Check Box(es) that  Promoter  Beneficial  Executive  Director  General and/or  
Apply:  Owner Officer Managing  
Partner

2. Who is your last known place of residence or principal office? (Name city, or town, if applicable) \_\_\_\_\_  
3. For which corporation are you applying? \_\_\_\_\_

**Full Name (Last name first, if individual)**

John Doe, 123 Main Street, Anytown, USA, 12345, my home address.

**Business or Residence Address (Number and Street, City, State, Zip Code)**

John Doe, 123 Main Street, Anytown, USA, 12345, my business address.

**Check Box(es) that [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner**  
Apply:

Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

**Full Name (Last name first, if individual)**

John Doe, 123 Main Street, Anytown, USA, 12345, my home address.

**Business or Residence Address (Number and Street, City, State, Zip Code)**

John Doe, 123 Main Street, Anytown, USA, 12345, my business address.

**Check Box(es) that [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner**  
Apply:

Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Name of corporation applying for registration \_\_\_\_\_

**Full Name (Last name first, if individual)**

John Doe, 123 Main Street, Anytown, USA, 12345, my home address.

John Doe, 123 Main Street, Anytown, USA, 12345, my business address.

**Business or Residence Address (Number and Street, City, State, Zip Code)**

John Doe, 123 Main Street, Anytown, USA, 12345, my business address.

**Check Box(es) that [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner**  
Apply:

Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Name of corporation applying for registration \_\_\_\_\_

**Full Name (Last name first, if individual)**

John Doe, 123 Main Street, Anytown, USA, 12345, my home address.

John Doe, 123 Main Street, Anytown, USA, 12345, my business address.

**Business or Residence Address (Number and Street, City, State, Zip Code)**

John Doe, 123 Main Street, Anytown, USA, 12345, my business address.

**(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)**

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? \_\_\_\_\_ Yes  No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? ..... \$ 200
3. Does the offering permit joint ownership of a single unit? ..... Yes No  
 [ ]
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

**Full Name (Last name first, if individual)**

**Business or Residence Address (Number and Street, City, State, Zip Code)**

**Name of Associated Broker or Dealer**

**States in Which Person Listed Has Solicited or Intends to Solicit Purchasers**

(Check "All States" or check individual States) .....  [ ] All States  
 [AL]  [AK]  [AZ]  [AR]  [CA]  [CO]  [CT]  [DE]  [DC]  [FL]  [GA]  [HI]  [ID]  [IL]  [IN]  [IA]  [KS]  [KY]  [LA]  [ME]  [MD]  [MA]  [MI]  [MN]  [MS]  [MO]  [MT]  [NE]  [NV]  [NH]  [NJ]  [NM]  [NY]  [NC]  [ND]  [OH]  [OK]  [OR]  [PA]  [RI]  [SC]  [SD]  [TN]  [TX]  [UT]  [VT]  [VA]  [WA]  [WV]  [WI]  [WY]  [PR]

**Full Name (Last name first, if individual)**

**Business or Residence Address (Number and Street, City, State, Zip Code)**

**Name of Associated Broker or Dealer**

**States in Which Person Listed Has Solicited or Intends to Solicit Purchasers**

(Check "All States" or check individual States) .....  [ ] All States  
 [AL]  [AK]  [AZ]  [AR]  [CA]  [CO]  [CT]  [DE]  [DC]  [FL]  [GA]  [HI]  [ID]  [IL]  [IN]  [IA]  [KS]  [KY]  [LA]  [ME]  [MD]  [MA]  [MI]  [MN]  [MS]  [MO]  [MT]  [NE]  [NV]  [NH]  [NJ]  [NM]  [NY]  [NC]  [ND]  [OH]  [OK]  [OR]  [PA]  [RI]  [SC]  [SD]  [TN]  [TX]  [UT]  [VT]  [VA]  [WA]  [WV]  [WI]  [WY]  [PR]

**Full Name (Last name first, if individual)**

**Business or Residence Address (Number and Street, City, State, Zip Code)**

**Name of Associated Broker or Dealer**

**States in Which Person Listed Has Solicited or Intends to Solicit Purchasers**

(Check "All States" or check individual States) .....  [ ] All States  
 [AL]  [AK]  [AZ]  [AR]  [CA]  [CO]  [CT]  [DE]  [DC]  [FL]  [GA]  [HI]  [ID]  [IL]  [IN]  [IA]  [KS]  [KY]  [LA]  [ME]  [MD]  [MA]  [MI]  [MN]  [MS]  [MO]  [MT]  [NE]  [NV]  [NH]  [NJ]  [NM]  [NY]  [NC]  [ND]  [OH]  [OK]  [OR]  [PA]  [RI]  [SC]  [SD]  [TN]  [TX]  [UT]  [VT]  [VA]  [WA]  [WV]  [WI]  [WY]  [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
<input checked="" type="checkbox"/> Debt	\$ 0	\$ 0
<input checked="" type="checkbox"/> Equity	\$ 240,931	\$ 240,931
<input checked="" type="checkbox"/> Common		
<input checked="" type="checkbox"/> Preferred		
<input checked="" type="checkbox"/> Convertible Securities (including warrants)		
<input checked="" type="checkbox"/> Partnership Interests		
<input checked="" type="checkbox"/> Other (Specify)		
<b>Total</b>	<b>\$ 0</b>	<b>\$ 0</b>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Accredited Investors	Number of Investors	Aggregate Dollar Amount of Purchases
10	10	\$ 32,500
Non-accredited Investors	17	\$ 208,431
<b>Total (for filings under Rule 504 only)</b>	<b>27</b>	<b>\$ 240,931</b>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under  Rule 505 or  Rule 504, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
<input checked="" type="checkbox"/> Rule 505	0	\$ 0
<input checked="" type="checkbox"/> Rule 504	0	\$ 0
<input checked="" type="checkbox"/> Total	0	\$ 0

4. A statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....

(16)

Printing and Engraving Costs .....	\$ 200
Legal Fees .....	\$ 60,000
Accounting Fees .....	\$ 10
Engineering Fees .....	\$ 10
Sales Commissions (specify finders' fees separately) .....	\$ 10
Other Expenses (Identify) MISCELLANEOUS .....	\$ 5,000
<b>Total</b> .....	<b>\$ 65,200</b>

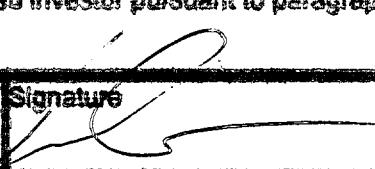
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$ 175,731

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Payments to Payments Officers, To Directors, & Others Affiliates	Payments to Payments Officers, To Directors, & Others Affiliates
Salaries and fees .....	\$ 0
Purchase of real estate .....	\$ 0
Purchase, rental or leasing and installation of machinery and equipment .....	\$ 0
Construction or leasing of plant buildings and facilities.....	\$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	\$ 0
Repayment of indebtedness .....	\$ 0
Working capital .....	\$ 175,731
Other (specify): .....	\$ 0
<b>Column Totals</b> .....	<b>\$ 0</b>
<b>Total Payments Listed (column totals added)</b> .....	<b>\$ 175,731</b>

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 506, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)  ONG CORP.	Signature 	Date NOV 6, 2003
Name of Signer (Print or Type)  LANCE D ONG	Title of Signer (Print or Type) CHIEF EXECUTIVE OFFICER	